	PATENT A	APPLICATIO Effect	N FEE DI	RD	Application or Docket Number O9851560/35 (1551/								
		CLAIMS AS	S FILED - PART I (Column 1) (Column 2)					SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			36					RATE	FEE]	RATE	FEE	l
FOR			NUMBER FILED		NUMBER EXTRA		Ì	BASIC FEE	355.00	OB	BASIC FEE	710.00	
тс	TAL CHARGEA	BLE CLAIMS	36 minus 20=		. 16		ŀ	X\$ 9=		1		0.0	
INDEPENDENT CLAIMS			() minus 3 =		* 5		ŀ	· · · · · · · · · · · · · · · · · · ·		OR	-	988. <u> </u>	
<u> </u>		IDENT CLAIM P		1105 5 =			X40=		OR	X80=	400.		
IVIC		DENT CEANVIT	TEGENT					+135=		OR	+270=		
* If	the difference	in column 1 is	less than zero, enter "0" in co			olumn 2		TOTAL		OR	TOTAL	1398	
	С	LAIMS AS A	MENDED	ENDED - PART II				'		•	OTHER	THAN	
		(Column 1)	T	(Colui		(Column 3)	_	SMALL		OR	SMALL		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	ı	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	ľ	X40=		OR	X80=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ŀ			Un			
							L	+135= TOTAL		OR	+270=		
										OR	TOTAL ADDIT. FEE		
		(Column 1) CLAIMS		(Colui		(Column 3)	_						
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	ŀ	X40=			X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							71.10		OR	7.00=		
+135=										OR	+270=		ויין
	ADDI									OR	TOTAL ADDIT. FEE		=
		(Column 1)		(Colur		(Column 3))
AMENDMENT C	1	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	ンペンにくした
	Total _.	*	Minus	**		= '		X\$ 9=		OR	X\$18=		16
	Independent	*	Minus	***		=	 	X40=			X80=		F
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							740=		OR	700=	·	
										OR	+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											TOTAL ADDIT. FEE		
		mber Previously Pa ber Previously Pai					•	_	ropriate box				